



Claim received for EMMA B VERRILL  
 Reference # 7651222898683  
 ID U44694605

**THIS IS NOT A BILL**

## Claim detail

CIGNA received this claim on August 15, 2012 and processed it on August 22, 2012.

Service dates	Type of service	Amount billed	Discount	Amount not covered	Covered amount	Copay/ What your plan deductible	What your plan paid	% paid	Coinsurance*	See notes
BOHDAN POMAHAC MD, Reference # 7651222898683										
08/03/12	PHYSICIAN	338.00	106.95	0.00	231.05	0.00	184.84	80	46.21	A
<b>Total</b>		<b>\$338.00</b>	<b>\$106.95</b>	<b>\$0.00</b>	<b>\$231.05</b>	<b>\$0.00</b>	<b>\$184.84</b>		<b>\$46.21</b>	

\* After you have met your deductible, the costs of covered expenses are shared by you and your health plan.  
 The percentage of covered expenses you are responsible for is called coinsurance.

## What I need to know for my next claim

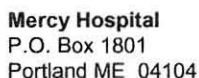
You've paid a total of \$2,658.18 toward your \$6,000 out of network deductible for 2012  
 You've paid a total of \$2,658.18 toward your \$3,000 IN NETWORK DEDUCTIBLE for 2012  
 You've paid a total of \$3,529.18 toward your \$22,000 out of network out of pocket expenses for 2012  
 You've paid a total of \$3,529.18 toward your \$11,000 in network out of pocket expenses for 2012

## Other important information that I need to know

PAYMENT FROM YOUR CHOICE FUND HSA IS NOT A DETERMINATION IF THESE ARE QUALIFIED EXPENSES UNDER FEDERAL TAX LAW. PLEASE CONSULT YOUR TAX ADVISOR.

## Notes

A - THANK YOU FOR USING THE TUFTS HEALTH PLAN NETWORK. THIS REPRESENTS YOUR SAVINGS, SO YOU ARE NOT REQUIRED TO PAY THIS AMOUNT. THIS PROVIDER IS PROHIBITED FROM BILLING THE PATIENT FOR THE DIFFERENCE. IF YOU HAVE ALREADY PAID THE FULL AMOUNT, PLEASE REQUEST REIMBURSEMENT FROM YOUR PROVIDER.



## Important Message

Thank you for choosing Mercy Hospital for your healthcare needs. We previously informed you of your responsibility for payment of this account balance but to date we have not received payment.

Please return the coupon below with your payment in the amount of \$17.98 today, or if you prefer you may make your payment by telephone by calling (207) 358-5188.

We hope to always earn your confidence in our commitment to your health.

Sincerely,  
Patient Accounts

## Account Summary

Patient Name:	EMMA B VERRILL
Statement Date:	09/04/12
Service Date(s):	07/09/12-07/09/12
Account Number:	AH0002731859

## Charge Summary

Total Charges:	\$180.42
Payments/Adjustments:	\$162.44
Account Balance:	\$17.98
Please Pay This Amt:	\$17.98

## Insurance Information

CIGNA/HEALTHSOURCE

## Contact Us




Should you have any questions regarding this account you may contact our office at (207) 358-5188. Please reference account number AH0002731859 when calling our office.

190ONBCAF01382B

Mercy Hospital  
P.O. Box 1801  
Portland ME 04104  
CHANGE SERVICE REQUESTED

☐ Check box if your address has changed. Please write correct address on back of tear off portion of this statement.

AH0002731859-382B      865410033  
||..|...|...|...|...|...|...|...|...|...|...|...|...|...|...|...|...|...  
JEFFREY VERRILL  
214 Morton Rd  
Yarmouth ME 04096-5706

CIRCLE CARD USING FOR PAYMENT		  	
CARD NUMBER + 3 OR 4-DIGIT SECURITY CODE (ON BACK)		AMOUNT	
CARD BILLING ADDRESS AND ZIP CODE			
SIGNATURE		EXP DATE	
ACCOUNT BALANCE: \$17.98	PLEASE PAY THIS AMOUNT: \$17.98		
ACCOUNT NUMBER: AH0002731859	AMOUNT PAID: \$		

**Make Checks Payable to: Mercy Hospital**

Mercy Hospital  
P.O. Box 1801  
Portland ME 04104

AH0002731859000000001,798400000000000006



Claim received for EMMA B VERRILL  
 Reference # 7651224497313  
 ID U44694605



THIS IS NOT A BILL

## Claim detail

CIGNA received this claim on August 31, 2012 and processed it on September 13, 2012.

Service dates	Type of service	Amount billed	Discount	Amount not covered	Covered amount	Copay/ What your plan Deductible	What your plan paid	% paid	Coinsurance*	See notes
MA GEN HSP, Reference # 7651224497313										
08/13/12	INTENSIVE CARE	53,200.00	2,595.25	0.00	21,614.05	0.00	17,291.24	80	4,322.81	A
08/13/12		0.00	0.00	0.00	28,990.70	0.00	28,990.70	100	0.00	
08/13/12	DRUGS	528.50	528.50	0.00	0.00	0.00	0.00	0	0.00	A
08/13/12	SUPPLIES	655.00	655.00	0.00	0.00	0.00	0.00	0	0.00	A
08/13/12	SUPPLIES	120.00	120.00	0.00	0.00	0.00	0.00	0	0.00	A
08/13/12	LABORATORY	192.00	192.00	0.00	0.00	0.00	0.00	0	0.00	A
08/13/12	OPERATING ROOM	10,366.00	10,366.00	0.00	0.00	0.00	0.00	0	0.00	A
08/13/12	ANESTHESIA SUP.	1,741.00	1,741.00	0.00	0.00	0.00	0.00	0	0.00	A
08/13/12	PHYSICAL THERAPY	365.00	365.00	0.00	0.00	0.00	0.00	0	0.00	A
08/13/12	RECOVERY ROOM	1,031.00	1,031.00	0.00	0.00	0.00	0.00	0	0.00	A
08/13/12	SERVICE CHARGE	809.93	0.00	0.00	809.93	0.00	809.93	100	0.00	B
<b>Total</b>		<b>\$69,008.43</b>	<b>\$17,593.75</b>	<b>\$0.00</b>	<b>\$51,414.68</b>	<b>\$0.00</b>	<b>\$47,091.87</b>		<b>\$4,322.81</b>	

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## What I need to know for my next claim

You've paid a total of \$2,658.18 toward your \$6,000 out of network deductible for 2012  
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 You've paid a total of \$8,681.91 toward your \$11,000 in network out of pocket expenses for 2012

## Other important information that I need to know

PAYMENT FROM YOUR CHOICE FUND HSA IS NOT A DETERMINATION IF THESE ARE QUALIFIED EXPENSES UNDER FEDERAL TAX LAW. PLEASE CONSULT YOUR TAX ADVISOR. INSUFFICIENT FUNDS WERE AVAILABLE IN THE CHOICE FUND HSA ACCOUNT TO COVER THE ENTIRE PATIENT LIABILITY.

## Massachusetts General Hospital

55 Fruit Street Boston, MA 02114  
(617)726-2000

Patient MGH ID #: 4153827  
Patient Name: VERRILL, EMMA  
Admit Date: 08/13/2012  
Discharge Date: 8/20/2012  
Gender: F  
Patient DOB: 05/10/1988  
Location: GBI26A

### Face Sheet - Medical Information

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1. Shower daily with soap and water
2. Apply bacitracin, adaptic and DSD to donor site daily
3. Apply bacitracin to buttock wound every other day, cover with DSD

#### Instructions for follow-up appointments

Your follow-up appointment in the Outpatient Burn Center is scheduled for Tuesday 8/28/12 at 1:30pm.

The Outpatient Burn Center is located on Bigelow 1303. If you need to change any appointments, please call the clinic directly at 617-726-3712. For any questions before you go to clinic, call the Inpatient Nursing Unit at (617) 726-3354. Please call us if you develop fevers, chills, unusual drainage from your wound, or other worrisome symptoms.

If dressing changes are painful have someone drive you to your clinic appointment. Take your pain medication about 20 minutes before your appointment and or bring it with you.

WE ARE NOT ABLE TO ADMINISTER PAIN MEDICATION IN THE CLINIC

#### Other

It will be important to decrease the dose of narcotic pain medication as the pain decreases. Drink more fluids or take Colace while on narcotics to prevent constipation. We will discuss other forms of pain medication with you when you come for your clinic appointment. Do not drink alcohol, drive, or enter into any contracts while taking pain medication.

If antibiotics were prescribed to you when you were discharged, please finish all the medication. If for some reason you discontinue this medication please notify us.

Continue/resume all pre-hospital medications.

You may not return to work until all wounds are healed and you are seen in the Outpatient Clinic.

Your primary care physician was notified of your admission. He or she should contact our office if a copy of the discharge summary is desired.

If you, a family member, or friend smoke or use tobacco products, please consider using these resources to help you quit:

MGH Tobacco Treatment Service: 617-726-7443  
Massachusetts Smokers' Helpline:  
1-800-TRY-TO-STOP  
1-800-8DEJAO (En Español/ Em Português)  
1-800-TDD-1477 (Hearing Impaired)

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Physician Discharging Patient: Maryelizabet Bilodeau, N.P.

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Electronically Signed: Maryelizabet Bilodeau, N.P.

Date: 08/20/2012 09:32 AM

End of Report

**Massachusetts General Hospital**

55 Fruit Street Boston, MA 02114  
(617)726-2000

Patient MGH ID #: 4153827  
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**Face Sheet - Medical Information**

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**Massachusetts General Hospital**

55 Fruit Street Boston, MA 02114  
(617)726-2000

Patient MGH ID #: 4153827  
Patient Name: VERRILL, EMMA  
Admit Date: 08/13/2012  
Discharge Date: 8/20/2012  
Gender: F  
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Location: GBI26A

**Patient Care Referral Form**

Patient Name: VERRILL, EMMA  
Patient Address: 214 MORTON RD YARMOUTH, ME 04096  
Patient Phone: 2078469812  
Relative/Guardian: VERRILL, JEFF  
Relative/Guardian Address: 214 MORTON RD YARMOUTH, ME 04096  
Relative/Guardian Phone: (207)846-9812  
Relative/Guardian Relationship: FATHER

Referral From: Massachusetts General Hospital  
Unit or Clinic: GBI26A  
No Post Acute Provider Information Entered

**Patient Information**

Gender: F Marital Status: SINGLE Religion: NO PREF Birthday: 5/10/1988  
Primary Insurance Plan: CIGNA HMO/PPO/POS

Principal Diagnosis:  
Burn

Associated Diagnosis:  
Paraplegia

**Operations & Procedures**

8/13 - Excision and grafting with autograft to left buttock burn and placement of VAC  
Date of Last Physical 8/17/2012

The patient is aware of his/her diagnosis  
The patient's family is aware of the diagnosis

Life-Sustaining Treatment (Code Status) at Discharge  
Full Code (discussed with patient/surrogate) Entered by: Yufei Chen, M.D.

**Discharge Orders****Allergic Reactions, Intolerances and Sensitivities**

o NKA - No Known Allergies

**Medications**

o OXYBUTYNIN CHLORIDE (DITROPAN) 15 MG PO QPM On Discharge  
Last Dose Given: 08/19/2012 at 07:37 PM

o BACLOFEN 30 MG PO BID On Discharge  
Last Dose Given: 08/20/2012 at 09:37 AM

o TIZANIDINE 4 MG PO QPM On Discharge  
Last Dose Given: 08/19/2012 at 09:28 PM

**Massachusetts General Hospital**

55 Fruit Street Boston, MA 02114  
(617)726-2000

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Admit Date: 08/13/2012  
Discharge Date: 8/20/2012  
Gender: F  
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Location: GBI26A

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Last Dose Given: 08/20/2012 at 09:37 AM

o TIZANIDINE 4 MG PO QPM On Discharge  
Last Dose Given: 08/19/2012 at 09:28 PM

o IBUPROFEN (MOTRIN ) 400 MG PO Q6H PRN: Headache On Discharge  
Last Dose Given: 08/14/2012 at 11:33 AM

o OXYCODONE 5 MG PO Q4H PRN: Pain On Discharge

**Medication Reconciliation**

Discharge medications have been reviewed/reconciled with the pre-admission medication list.

**Diet**

O No Restrictions

**Activities**

O No Restrictions

**Treatments**

O Treatments/Wound Care:



Byram Healthcare

	DATE	NUMBER
RGA Request	08/14/12	351163

Customer Type # 6870

PICK-UP ADDRESS

VERRILL EMMA  
214 MORTON RD

YARMOUTH ME 04096  
207-846-9812

Account # 32872308 REP: KTP  
Authorization Date: 08/14/12

Pick Loc1	Pick Loc2	Catalog #	Description	Qty's Apvd	Date Recd	Inv Received	Y/N
B034		SC287200	MEPILEX AG FOAM DRESSING	12	___/___/___		





MASSACHUSETTS GENERAL  
PHYSICIANS ORGANIZATION

P.O. Box 3864  
Boston, MA 02241-3864

PATIENT NAME		ACCOUNT NO.	
EMMA VERRILL		4153827	
AMOUNT DUE	AMOUNT PAID	DUE DATE	BILL DATE
516.10		10/01/2012	09/10/2012

☐ Please check here when completing change of address or insurance information on reverse side.

Charge my ☐  ☐  ☐  ☐ 

Make checks payable to: MASSACHUSETTS GENERAL PHYSICIANS ORGANIZATION  
To contact Customer Service, please call 617-726-2040.

EMMA VERRILL  
214 MORTON RD  
YARMOUTH, ME 04096-5706

12837

23446P



7 4153827410300051610

Mass. General Physicians Org., Inc.  
P.O. Box 3864  
Boston, MA 02241-3864



## ELKHORN RANCH

*For This and That*

Expenses to checking

8/13 Whole foods - 47.77

8/14 " 20.34

8/14 5.89

8/14 5.19

8/14 3.87

8/15 AT &amp; T data 50.00

8/15 MGH parking 10.00

8/16 Cmcnd trailways 31.00

8/20 " " 30.00

8/20 Amas tagu 11.98

Amex mm

n. l. Black Bear

278  
24

Dads Amex 181.39

✓  
712.43

Black Bear 278.25  
Antoniros 38.00  
American Express

8/20 Annas 11.98  
8/20 Concord 22.00  
8.00  
8/16 22.00  
10.00  
ATT hospital 50.00  
Wholefoods 3.87